Fill in this information to identify your case:	
United States Bankruptcy Court for the: ———————————————————————————————————	
20-00065	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13

U.S. BANKRUPTCY COURT DISTRICT OF HAWAII

2020 JAN 17 P 12: 06

MICHAEL Bangaded filling

CLERK OF COURT

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Identify Yourself** About Debtor 2 (Spouse Only in a Joint Case): About Debtor 1: 1. Your full name Write the name that is on your **ROSEMARIE** government-issued picture First name First name identification (for example, **ABUNAGA** your driver's license or Middle name Middle name passport). **NAING** Bring your picture Last name Last name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) 2. All other names you have used in the last 8 First name First name years Middle name Middle name Include your married or maiden names. Last name Last name First name First name Middle name Middle name Last name Last name 3. Only the last 4 digits of xxx - xx - 5 5 1 4your Social Security number or federal Individual Taxpayer 9 xx - xx -_____ 9xx - xx -Identification number (ITIN)

ROSEMARIE ABUNAGA NAING

First Name Middle Name Last Name

		About Debtor 1:	A	bout Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in	☑ I have not used any business names or EINs.	_	I have not used any business names or EINs.
	the last 8 years Include trade names and	Business name	В	usiness name
	doing business as names	Business name	B	usiness name
		EIN	Ē	<u> </u>
		EIN	Ē	in
5.	Where you live		. If	Debtor 2 lives at a different address:
		708 LALANI CIRCLE Number Street	N	umber Street
		KAHULUI HI 96732 City State ZIP Code	C	ity State ZIP Code
		MAUI		
		County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	lf y	Debtor 2's mailing address is different from ours, fill it in here. Note that the court will send ny notices to this mailing address.
		Number Street	N	umber Street
		P.O. Box	P	O. Box
		City State ZIP Code	ō	ity State ZIP Code
6.	Why you are choosing	Check one:	c	Check one:
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. § 1408.)		I have another reason. Explain. (See 28 U.S.C. § 1408.)

ROSEMARIE ABUNAGA NAING First Name Middle Name Last Name

act	Nam	e

Case number ((if known)			
---------------	------------	--	--	--

Ρ;	Tell the Court Abou	t Your Ba	ankrup	tcy Case			
7.	The chapter of the Bankruptcy Code you are choosing to file under	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 Chapter 11 Chapter 12 Chapter 13					
8.	How you will pay the fee	 I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). □ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 					
9.	Have you filed for bankruptcy within the last 8 years?	☑ No ☐ Yes.	District		When	MM / DD / YYYY	Case number Case number
10	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☑ No □ Yes.	Debtor District Debtor District		When		Relationship to you Case number, if known Relationship to you Case number, if known
11	* Do you rent your residence?	☐ No. ☐ Yes.	No.	our landlord obtained and . Go to line 12.	ment About an i		? t Against You (Form 101A) and file it as

ROSEMARIE ABUNAGA NAING

First Name Middle Name Last Name

Case number	(if known)		

					· · · · · · · · · · · · · · · · · · ·				
	Are you a sole proprietor	No. C	Go to Part 4.						
	of any full- or part-time ousiness?	☐ Yes. Name and location of business							
	A sole proprietorship is a business you operate as an								
ir	ndividual, and is not a		Name of business, if any						
а	eparate legal entity such as a corporation, partnership, or		Number Street						
	.LC.		Number Street						
s	f you have more than one cole proprietorship, use a								
	separate sheet and attach it of this petition.		O.H.		State	7ID Code			
	•		City		State	ZIP Code			
			Check the appropriate bo	ox to describe your bu	ısiness:				
			☐ Health Care Busines	s (as defined in 11 U.	S.C. § 101(27A))				
			☐ Single Asset Real Es	state (as defined in 11	U.S.C. § 101(51B))			
			☐ Stockbroker (as defin	ned in 11 U.S.C. § 10	1(53A))				
			☐ Commodity Broker (a	as defined in 11 U.S.C	C. § 101(6))				
		None of the above							
	ousiness debtor, see 11 U.S.C. § 101(51D).		the Bankruptcy Code.			or according to the definition in			
Par	t 4: Report if You Own		I am filing under Chapter Bankruptcy Code. Any Hazardous Prop			cording to the definition in the			
		or Have	Bankruptcy Code.						
14. E	Do you own or have any property that poses or is	or Have	Bankruptcy Code. Any Hazardous Prop						
4. E	Do you own or have any	or Have	Bankruptcy Code.			immediate Attention			
14. E p a c i	Do you own or have any property that poses or is alleged to pose a threat of imminent and dentifiable hazard to	or Have	Bankruptcy Code. Any Hazardous Prop			immediate Attention			
4. E P a c id p	Do you own or have any property that poses or is alleged to pose a threat of imminent and dentifiable hazard to public health or safety? Or do you own any	or Have	Bankruptcy Code. Any Hazardous Prop			immediate Attention			
I4. E P o i i F	Do you own or have any property that poses or is alleged to pose a threat of imminent and dentifiable hazard to public health or safety? Or do you own any property that needs	or Have	Bankruptcy Code. Any Hazardous Proportion What is the hazard?	erty or Any Prope	rty That Needs	immediate Attention			
14. E F a i i F i i	Do you own or have any property that poses or is alleged to pose a threat of imminent and dentifiable hazard to public health or safety? Or do you own any property that needs mmediate attention?	or Have	Bankruptcy Code. Any Hazardous Proportion What is the hazard?	erty or Any Prope	rty That Needs	Immediate Attention			
i4. E p a c id p C F ii	Do you own or have any property that poses or is alleged to pose a threat of imminent and dentifiable hazard to public health or safety? Or do you own any property that needs mmediate attention?	or Have	Bankruptcy Code. Any Hazardous Proportion What is the hazard?	erty or Any Prope	rty That Needs	Immediate Attention			
i4. E F a c id F C F iii	Do you own or have any property that poses or is alleged to pose a threat of imminent and dentifiable hazard to public health or safety? Or do you own any property that needs mmediate attention?	or Have	Any Hazardous Proposition What is the hazard? If immediate attention is	erty or Any Prope	rty That Needs	Immediate Attention			
i4. E F a c id F C F iii	Do you own or have any property that poses or is alleged to pose a threat of imminent and dentifiable hazard to public health or safety? Or do you own any property that needs mmediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building	or Have	Bankruptcy Code. Any Hazardous Proportion What is the hazard?	erty or Any Prope	rty That Needs	Immediate Attention			
i4. E F a c id F C F iii	Do you own or have any property that poses or is alleged to pose a threat of imminent and dentifiable hazard to public health or safety? Or do you own any property that needs mmediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building	or Have	Any Hazardous Proposition What is the hazard? If immediate attention is	erty or Any Prope	rty That Needs	Immediate Attention			
14. E F a c iii F C F iii	Do you own or have any property that poses or is alleged to pose a threat of imminent and dentifiable hazard to public health or safety? Or do you own any property that needs mmediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building	or Have	Any Hazardous Proposition What is the hazard? If immediate attention is	erty or Any Prope	rty That Needs	Immediate Attention			

ROSEMARIE ABUNAGA NAING

First Name

Middle Name

Last Nam

Case number (if known)	
------------------------	--

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

am not required to receive a briefing a	bout
credit counseling because of:	

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required	to	receive a	briefing	about
credit counceling	h	acausea of		

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

ROSEMARIE ABUNAGA NAING

First Name

Middle Name

Last Name

Part 6: Answer These Que	stions for Reporting Purpo	ses				
16. What kind of debts do you have?	 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." □ No. Go to line 16b. ☑ Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. □ No. Go to line 16c. □ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 					
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	administrative expens ☑ No	chapter 7. Go to line 18. oter 7. Do you estimate that after any exem les are paid that funds will be available to d				
18. How many creditors do you estimate that you owe?	☐ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000			
19. How much do you estimate your assets to be worth?	□ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	□ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million	□ \$500,000,001-\$1 billion □ \$1,000,000,001-\$10 billion □ \$10,000,000,001-\$50 billion □ More than \$50 billion			
20. How much do you estimate your liabilities to be? Part 7: Sign Below	□ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	□ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion			
For you		and I declare under penalty of perjury that	the information provided is true and			
1 or you	correct. If I have chosen to file under C of title 11, United States Code under Chapter 7.	Chapter 7, I am aware that I may proceed, i . I understand the relief available under ea	if eligible, under Chapter 7, 11,12, or 13 ich chapter, and I choose to proceed			
	If no attorney represents me a this document, I have obtained	and I did not pay or agree to pay someone of and read the notice required by 11 U.S.C	who is not an attorney to help me fill out C. § 342(b).			
	I understand making a false st with a bankruptcy case can re 18 U.S.C. §§ 152, 1341, 1519	sult in fines up to \$250,000, or imprisonme, and 3571.	money or property by fraud in connection ent for up to 20 years, or both.			

ROSEMARIE ABUNAGA NAING

First Nam

Middle Name

i ast Nam

Case number	(if known)_				
-------------	-------------	--	--	--	--

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

	Date				
Signature of Attorney for Debtor		ММ	1	DD	/YYYY
Printed name					
Firm name					
Number Street					
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
City	State	ZIP Co	ode		
City Contact phone					

ROSEMARIE ABUNAGA NAING

Case number (if known)

For you if you are filing this bankruptcy without an attorney

if you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious act consequences?	ion with long-term financial and legal
□ No □ Yes	
Are you aware that bankruptcy fraud is a serious crime inaccurate or incomplete, you could be fined or impriso	
☐ No ☐ Yes	
Did you pay or agree to pay someone who is not an att ☐ No ☐ Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Dec	
By signing here, I acknowledge that I understand the ri- have read and understood this notice, and I am aware attorney may cause me to lose my rights or property if	that filing a bankruptcy case without an
* Roservel A. Vary	E
Signature of Debtor 1	Signature of Debtor 2
Date 0 15 2000 MM / DD / YYYY	Date MM / DD / YYYY
Contact phone <u>\$08-2057957</u>	Contact phone
Cell phone	Cell phone
	Emeil addraga

Voluntary Petition for Individuals Filing for Bankruptcy Official Form 101 U.S. Bankruptcy Court - Hawaii #20-00065 Dkt # 3 Filed 01/17/20 Page 8 of 60

Fill in this information to identify your case:					
Debtor 1	ROSEMARIE	ABUNAGA	NAING		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States I	Bankruptcy Court for the:	·	District of HI (State)		
Case number	(If known)				

☐ Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

1. Schedule A/B:	Property (Official Form 106A/B)	Your assets Value of what you own
1a. Copy line 5	55, Total real estate, from Schedule A/B	\$ <u>-</u> 0-
1b. Copy line 6	52, Total personal property, from <i>Schedule A/B</i>	\$ 64,515.46
1c. Copy line 6	33, Total of all property on Schedule A/B	\$ <u>64,515.46</u>
art 2: Sumr	marize Your Liabilities	
		Your liabilities Amount you owe.
	treditors Who Have Claims Secured by Property (Official Form 106D) otal you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ 30,965.00
	Creditors Who Have Unsecured Claims (Official Form 106E/F) otal claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ <u>0.00</u>
3b. Copy the to	otal claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 106,191.96
	Your total liabilities	_{\$} 137,156.96
art 3: Sumi	marize Your Income and Expenses	
	our Income (Official Form 106I) This is a substitution of the sub	_{\$} 3944.95
	our Expenses (Official Form 106J) inthly expenses from line 22c of Schedule J	_s 3920.00

ROSEMARIE ABUNAGA NAING First Name Middle Name Last Name

Case number (if known)

P	art 4:	Answer These Questions for Administrative and Statistical Records		
6.	Are yo	ou filing for bankruptcy under Chapters 7, 11, or 13?		
	☐ No ☑ Ye	. You have nothing to report on this part of the form. Check this box and submit this for s	rm to the court with your other	schedules.
7.	What k	rind of debt do you have?		
		ur debts are primarily consumer debts. Consumer debts are those "incurred by an inily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.		nal,
		ur debts are not primarily consumer debts. You have nothing to report on this part is form to the court with your other schedules.	of the form. Check this box ar	d submit
8.		the Statement of Your Current Monthly Income : Copy your total current monthly inc 22A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	ome from Official	_{\$} _3944.95
9.	Copy t	he following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :	MAINTEN PROMET AN EXPERT PROME PART NEW ARREST CONTRACT AND ARREST	
	3/31cm/d-pages/com		Total claim	
	Fron	n Part 4 on <i>Schedule E/F</i> , copy the following:		
	9a. Do	mestic support obligations (Copy line 6a.)	_{\$} 0.00	
	9b. Ta	xes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>	
	9c. Cla	nims for death or personal injury while you were intoxicated. (Copy line 6c.)	_{\$} 0.00	
	9d. Stu	udent loans. (Copy line 6f.)	_{\$} 0.00	
		ligations arising out of a separation agreement or divorce that you did not report as ority claims. (Copy line 6g.)	ş <u>0.00</u>	
	9f. De	bts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ <u>\$</u> 28,000.00	
	9g. To	tal. Add lines 9a through 9f.	\$28,000.00	
			······	

Fill in this information to identify your case and this filing:						
Debtor 1	ROSEMARIE	ABUNAGA	NAING			
	First Name	Middle Name	Last Name			
Debtor 2		:				
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: District of Hawaii Case number						

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

11.1 Describe Each Residence, Building	, Land, or Other Real Estate You Own or Hav	e an interest in	·
☑ No. Go to Part 2.	est in any residence, building, land, or similar prop	erty?	
1.1. Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property?	d claims on Schedule Dans Secured by Property.
City State ZIP Code	Land Investment property Timeshare Other Who has an interest in the property? Check one.	\$	simple, tenancy by
County	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this it property identification number:		emmunity property
If you own or have more than one, list here:	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured classes the amount of any secure Creditors Who Have Clair	d claims on Schedule Dans Secured by Property.
Street address, if available, or other description	☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land	Current value of the entire property?	
City State ZIP Code	Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
County	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this its property identification number:	(see instructions)	ommunity property

ABUNAGA

NAING

Case number (if known

************	and the second s					
				What is the property? Check all that apply.	Do not deduct secured cla the amount of any secure	
	1.3.	Street address, if available		☐ Single-family home☐ Duplex or multi-unit building	Greditors Who Have Clain	
		Street address, if available	e, or other description	Condominium or cooperative	Current value of the	Current value of the
				Manufactured or mobile home	entire property?	portion you own?
				☐ Land	\$	\$
				☐ Investment property	B	
		City	State ZIP Code	Timeshare	Describe the nature of interest (such as feet)	
				☐ Other	the entireties, or a life	
				Who has an interest in the property? Check one.		
				Debtor 1 only		
		County		Debtor 2 only	D	_
				Debtor 1 and Debtor 2 only	Check if this is co (see instructions)	mmunity property
				At least one of the debtors and another	(See mandenons)	
				Other information you wish to add about this ite property identification number:		
2. 🖊	Add t	he dollar value of the p	ortion you own for a	ll of your entries from Part 1, including any entries	for pages	\$ 0.00
				nere		5
••••		······································	·		·····	
Danie		Describe Your \	/ohieles			
Par	t 2:	Describe Four V	renicles			
_	-	· · · · · · -	•	st in any vehicles, whether they are registered or r		•
you	own	that someone else drive	s. If you lease a vehicle	e, also report it on Schedule G: Executory Contracts a	and Unexpired Leases.	
3. (Cars.	, vans, trucks, tractors,	sport utility vehicles	. motorcycles		
_	□ No		, - p	,	•	
	Z Ye					
	3.1.	Make:	TOYOTA	Who has an interest in the property? Check one.	Do not deduct secured cla the amount of any secure	
		Model:	RAV4	Debtor 1 only	Creditors Who Have Clain	
		Year:	2017	Debtor 2 only	Current value of the	Current value of the
		Approximate mileage:	33k	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
		Other information:		At least one of the debtors and another		
					10 /66 //	
		GOOD CONDITION		☐ Check if this is community property (see	\$18,466.00	\$10,233.46
			DN	☐ Check if this is community property (see instructions)	\$16,466.00	\$ <u>10,233.46</u>
		· ·	ON		\$16,466.00	\$10,233.46
į	f vou	·			\$16,466.00	\$10,233.46
i	f you	own or have more than	one, describe here:	instructions)	\$16,466.00	\$10,233.46
	•	·	one, describe here:	instructions) Who has an interest in the property? Check one.	Do not deduct secured cla	lins of exemptions. Put
	•	own or have more than	one, describe here: TOYOTA TACOMA	instructions) Who has an interest in the property? Check one. Debtor 1 only	•	nims or exemptions. Put d'claims on Schédule D.
	•	own or have more than	one, describe here:	instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured cla	nims or exemptions. Put d'claims on Schédule D.
	•	own or have more than Make: Model:	one, describe here: TOYOTA TACOMA	instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Claim	ains or exemptions. Put di claims on Schedule D ns Secured by Property.
	•	own or have more than Make: Model: Year:	one, describe here: TOYOTA TACOMA	instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured class the amount of any secure Creditors Who Have Claim Current value of the entire property?	nims or exemptions. Fut d'claims on Schedule D ns Secured by Property. Current value of the portion you own?
	•	own or have more than Make: Model: Year: Approximate mileage:	one, describe here: TOYOTA TACOMA	instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clain Current value of the	aims of exemptions. Put diclaims on Schedule Di ns Secured by Property. Current value of the
	•	own or have more than Make: Model: Year: Approximate mileage:	one, describe here: TOYOTA TACOMA	instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured class the amount of any secure Creditors Who Have Claim Current value of the entire property?	nims or exemptions. Put d'claims on Schedule Dans ns Secured by Property. Current value of the portion you own?
	•	own or have more than Make: Model: Year: Approximate mileage:	one, describe here: TOYOTA TACOMA	instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured class the amount of any secure Creditors Who Have Claim Current value of the entire property?	nims or exemptions. Put d'daims on Schedule D ns Secured by Property Current value of the portion you own?

Debtor	4	
Deptor	1	

R

ROSEMARIE

ABUNAGA

NAING

***********			***************************************	
3.3.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:	Debtor 1 only	the amount of any secure Greditors Who Have Clain	
	Year:	Debtor 2 only		
		Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:	At least one of the debtors and another	entire property:	portion you own?
	Other information:		•	•
		☐ Check if this is community property (see	\$	\$
		instructions)		
		Who has an interest in the property? Check one.		
3.4.	Make:		Do not deduct secured cla the amount of any secure	ilms or exemptions. Put
	Model:	Debtor 1 only	Creditors Who Have Clain	ns Secured by Property.
	Year:	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
	•	At least one of the debtors and another		
	Other information:	☐ Check if this is community property (see	\$	\$
		instructions)		,
		included on the second of the		
		· ·		
4. Wate	ercraft, aircraft, motor homes, ATVs an	d other recreational vehicles, other vehicles, and acces	ssories	
Exan	nples: Boats, trailers, motors, personal wa	atercraft, fishing vessels, snowmobiles, motorcycle accesso	ories	
ZÍN	lo			
□ Y	'es			
	Make	Who has an interest in the property? Check one.	Do not deduct secured cla	erns or examplians. But
4.1.	Make:	Debtor 1 only	the amount of any secure	d claims on Schedule D:
	Model:	Debtor 2 only	Creditors Who Have Clain	ns Secured by Property.
	Year:	Debtor 1 and Debtor 2 only		
	Other information:	At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
		At least one of the deptors and another	entire property r	portion you own?
		☐ Check if this is community property (see	•	
		instructions)	\$	\$
		·		
		•		
lf you	own or have more than one, list here:		W.W. (1994)	NAC 4
4.2.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	ims or exemptions. Put
4.4.		Debtor 1 only	the amount of any secure	d claims on Schedule D:
	Model:	Debtor 2 only	Creditors Who Have Clair	
	Year:	Debtor 1 and Debtor 2 only	Current value of the	Current value of the
	Other information:	☐ At least one of the debtors and another	entire property?	portion you own?
			•	•
		☐ Check if this is community property (see	\$	\$
		instructions)		
		1		
	About 10 Democratic Color	for ill of the control for the Boat O to 1 diversion of the	a for nor	40 500 45
		n for all of your entries from Part 2, including any entrient the comment of the		\$ <u>12,509.46</u>
you	nave attached for Part 2. Write that hui	HIDEL HEIE	······································	L

ABUNAGA

NAING

Case number (if known)_____

Part 3: Describe Your Personal and Household Items

	The second secon	gai or equitable interest in any or the following nems?	Current value of portion you own Do not deduct secuor exemptions	17
6.	Household goods and			
	□ No	ces, furniture, linens, china, kitchenware		
		TWO BEDS AND CHAIRS	\$	200.00
7.	collections; e	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music lectronic devices including cell phones, cameras, media players, games		
	☐ No ☐ Yes. Describe	Old Computer	\$	100.00
8.	Collectibles of value			
		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles		
	Yes. Describe		\$	
9.		nd hobbies graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments		
	☑ No ☐ Yes. Describe		\$	
10.	Firearms			
		shotguns, ammunition, and related equipment		
	☑ Yes. Describe		\$	
11.	Clothes			
	Examples: Everyday clot	hes, furs, leather coats, designer wear, shoes, accessories		
	Yes. Describe	Everyday clothing for Debtor and children	\$	150.00
12.	Jewelry			
	Examples: Everyday jew gold, silver	elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,		
	No Yes. Describe	Yellow gold earrings and ring	\$	300.00
13.	Non-farm animals Examples: Dogs, cats, bi			
	☑ No			
	Yes. Describe		\$	
14.	Any other personal and	household items you did not already list, including any health aids you did not list.		
	☑ No			
	Yes. Give specific information		\$	
15.		all of your entries from Part 3, including any entries for pages you have attached	\$	750.00

ABUNAGA

NAING

Case number (if known)_____

Part 4: Describe Your Financial Assets

Do you own or have any l	egal or equitable interest in a	ny of the following?		Current value of the portion you own?	
And the second s				Do not deduct secured cla or exemptions.	ıms
16. Cash <i>Examples:</i> Money you h	ave in your wallet, in your hom	e, in a safe deposit box, and on hand when you f	le your petition		
☑ No ☐ Yes			Cash:	s 0.0	0
				Ψ	_
17. Deposits of money <i>Examples:</i> Checking, sa and other sir	avings, or other financial accou nilar institutions. If you have m	nts; certificates of deposit; shares in credit unions ultiple accounts with the same institution, list each	, brokerage houses, 1.		
□ No					
2 Yes		Institution name:			
	17.1. Checking account:	First Hawaiian Bank		\$2,000.0	<u>)0</u>
	17.2. Checking account:			\$	
	17.3. Savings account:			\$	
	17.4. Savings account:			\$	
	17.5. Certificates of deposit:			\$	
	17.6. Other financial account:			\$	
	17.7. Other financial account:			\$	
	17.8. Other financial account:			\$	
	17.9. Other financial account:			\$	
	17.5. Other interioral account.			Φ	_
18. Bonds, mutual funds, Examples: Bond funds,	-	erage firms, money market accounts			
☐ Yes	Institution or issuer name:				
				\$	
				. \$	
				- \$	
		d de la companya de l			
19. Non-publicly traded s an LLC, partnership, a		rated and unincorporated businesses, includi	ng an interest in		
☑ No	Name of entity:		% of ownership:		
Yes. Give specific information about			0%%	\$	
them			0% % 0% %	\$	
			<u>U%</u> %	\$	

ABUNAGA

NAING

20. Government and corp	orate bonds and other negotiable and non-negotiable instruments	
Negotiable instruments Non-negotiable instrum	include personal checks, cashiers' checks, promissory notes, and money orders. ents are those you cannot transfer to someone by signing or delivering them.	
No Yes. Give specific information about	Issuer name:	e
them		\$ \$
		\$
21. Retirement or pension Examples: Interests in II	accounts RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sh	aring plans
Yes. List each		
account separately.	Type of account: Institution name: 404/What similar plan: Transamerica	40,000,00
	401(k) or similar plan:	\$\$
	Pension plan:	
	IRA:	\$
	Retirement account:	
	Keogh:	<u> </u>
•	Additional account:	\$
	Additional account:	\$
	deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: Other:	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$
23. Annuities (A contract fo	or a periodic payment of money to you, either for life or for a number of years)	
☑ No		
Yes	Issuer name and description:	
		\$
		 \$

ABUNAGA

NAING

24.	Interests in an education IRA, in a	n account in a qualified ABLE program, or under a qualified sta	te tuition program.	
	26 U.S.C. §§ 530(b)(1), 529A(b), ar			
	☑ No			
	□ v _{**}			
	Insti	tution name and description. Separately file the records of any intere	sts.11 U.S.C. § 521(c):	:
				\$
				\$
				D
		:		\$
25.	Trusts, equitable or future interes	ts in property (other than anything listed in line 1), and rights or	powers	
	exercisable for your benefit			
	☑ No			•
	Yes. Give specific			_
	information about them			\$
				•
26.		trade secrets, and other intellectual property		
		websites, proceeds from royalties and licensing agreements		
	☑ No			1
	Yes. Give specific			
	information about them			\$
27.	Licenses, franchises, and other g	•		
		ve licenses, cooperative association holdings, liquor licenses, profes	sional licenses	
	☑ No			•
	Yes. Give specific		٠	_
	information about them			\$
Mc	ney or property owed to you?			Current value of the
	The second control of	er og Parker i det de en		portion you own? Do not deduct secured
				claims or exemptions.
28.	Tax refunds owed to you			
	☑ No			
	Yes. Give specific information			
	about them, including whet	her	Federal: \$	<u> </u>
	you already filed the return	s	State: \$	
	and the tax years		Local: \$	<u> </u>
	Comilly assessed			
∠9.	Family support Examples: Past due or lump sum al	imony, spousal support, child support, maintenance, divorce settlem	ent, property settlemen	ıt
	_	intotty, operator support, office support, maintottation, arrords solden.	on, proporty comomon	•
	No Yes. Give specific information			
	Yes. Give specific information		Alimony:	\$
			Maintenance:	\$
			Support:	\$
			• •	
			Divorce settlement:	\$
			Property settlement:	Φ
30.	Other amounts someone owes ye			
	Examples: Unpaid wages, disability	insurance payments, disability benefits, sick pay, vacation pay, wor	kers' compensation,	
		unpaid loans you made to someone else		
	☑ No			1
	Yes. Give specific information			\$
				J -

ROSEMARI

ABUNAGA

NAING

	***************************************				00000000000000000000000000000000000000
31. Interests in insurance poli					
	, or life insuranc	e; health savings account (HSA); cr	edit, homeowner's, or renter's insurance		
☐ No ☐ Yes. Name the insurance		Company name:	Beneficiary:	Surrender	or refund value:
of each policy and	list its value	America National	Children	s.	2,736.00
		North American Company	Children	\$	6,520.00
				\$ \$	
an Amiliatorent in manager th	hatia dua vale				······································
property because someone	a living trust, ex		policy, or are currently entitled to receive		
☑ Nó	r			- -	
Yes. Give specific information	mation			\$	
	L				
•	-	not you have filed a lawsuit or ma	de a demand for payment		
No Examples: Accidents, emplo	oyment disputes	, insurance claims, or rights to sue			
Yes. Describe each clai	im [7	
Tes. Describe each ciar	"''· ······ [_] \$	
34. Other contingent and unlied to set off claims	quidated claim	s of every nature, including count	erclaims of the debtor and rights		
☑ No		-			
Yes. Describe each clai	im				
	L.			_] \$	
35. Any financial assets you o	did not already	list			
☑ No	Г			1	
Yes. Give specific information	mation			\$	
					
36. Add the dollar value of all	l of your entries	from Part 4, including any entrie	s for pages you have attached		E4 0EC 00
for Part 4. Write that number	ber here			\$	51,256.00

Part 5: Describe Any	, Business-R	Related Property You Own	or Have an Interest In. List any r	eal estat	e in Part 1.
37 Do you own or have any le	egal or equitab	le interest in any business-related	i property?		
No. Go to Part 6.	ogai oi oquiaas	is moreout in any basiness relates	. Property :		
Yes. Go to line 38.					
_ ,				Current va	lue of the
				portion yo	u own?
				Do not deduction or exemption	ct secured claims
38. Accounts receivable or co	ommissions yo	u aneauy earneu			
Yes. Describe				1	
Tes. Describe				\$	
39. Office equipment, furnish	nings, and sunn	lies	-		
Examples: Business-related co	omputers, software	modems, printers, copiers, fax machine	s, rugs, telephones, desks, chairs, electronic devices	ı	
☑ No				- 1	
Yes. Describe				\$	
					· · · · · · · · · · · · · · · · · · ·

Debtor 1

ROSEMARIE First Name Mid **ABUNAGA**

NAING

40 Marking - Catalana - Anna			***************************************
• • • • • • • • • • • • • • • • • • • •	ipment, supplies you use in business, and tools of your trade		DO TO THE PARTY OF
☑ No			
Yes. Describe			\$
B			
41. Inventory			
₩ No			7
Yes. Describe			\$
			
42. Interests in partnerships	s or joint ventures		
☑ No			
Yes. Describe	lame of entity:	% of ownership:	
-		%	\$
-		%	\$
_		%	\$
A Outland Hotel well	llate as other compilations		
43. Customer lists, mailing No	lists, or other compilations		
	clude personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
□ No			
Yes. Describ	De		
			\$
	Land of the second state o		!
44. Any business-related pi	roperty you did not already list		
Yes. Give specific			œ.
information			Φ
-		•	\$
		·	\$
_			\$
_			\$
			\$
-			
	all of your entries from Part 5, including any entries for pages you have at mber here		\$0.00
for Part 5. Write that hu	illuer riere		
		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<mark>nga mangungangan kanana kanana</mark>
Part 6: Describe Any	/ Farm- and Commercial Fishing-Related Property You Own or Ha	ve an Interest	ln.
If you own or h	nave an interest in farmland, list it in Part 1.		
	y legal or equitable interest in any farm- or commercial fishing-related pro	perty?	
✓ No. Go to Part 7.✓ Yes. Go to line 47.	•		
Tes. Go to line 47.			Current value of the
			portion you own?
			Do not deduct secured claims
47. Farm animals			or exemptions.
Examples: Livestock, po	ultry, farm-raised fish		
☑ No	•		
☐ Yes			
			S

ROSEMARIE

IE.

ABUNAGA

NAING

48. Crops—either growing or harvested			
✓ No ☐ Yes. Give specific information			\$
49. Farm and fishing equipment, implements, machinery, fixtures No	s, and tools of trade		
☐ Yes			\$
50. Farm and fishing supplies, chemicals, and feed No			
☐ Yes			\$
51. Any farm- and commercial fishing-related property you did no No	ot already list		
Yes. Give specific information			\$
52. Add the dollar value of all of your entries from Part 6, includi for Part 6. Write that number here	ng any entries for pages you have attached	.→ [٩	0.00
Part 7: Describe All Property You Own or Have a	an Interest in That You Did Not List Abo	ove	
53. Do you have other property of any kind you did not already li Examples: Season tickets, country club membership	ist?		
☑ No ☐ Yes. Give specific			\$
information			\$ \$
54. Add the dollar value of all of your entries from Part 7. Write the	nat number here	- .→ [\$0.00
Part 8: List the Totals of Each Part of this Form			
55. Part 1: Total real estate, line 2		→	0.00
56. Part 2: Total vehicles, line 5	\$ <u>12,509.46</u>	***************************************	
57. Part 3: Total personal and household items, line 15	\$750.00		
58. Part 4: Total financial assets, line 36	\$51,256.00		
59. Part 5: Total business-related property, line 45	\$0.00		
60. Part 6: Total farm- and fishing-related property, line 52	\$		
61. Part 7: Total other property not listed, line 54	+\$	gausses	
62. Total personal property. Add lines 56 through 61	\$64,515.46 Copy personal property to	tal → 🕂	\$ 64,515.46
63. Total of all property on Schedule A/B. Add line 55 + line 62		[:	64,515.46

Fill in this in	formation to ide	ntify your case:	
Debtor 1	ROSEMARIE	ABUNAGA NAING	
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States	Bankruptcy Court fo	r the: District of Hawaii	
Case number			
(

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

P	art 1: Identif	y the Property You Claim	as Exempt						
frankasan (di manamatri di distri paratri pida dan dan dan dan	 Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. ✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ✓ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) For any property you list on Schedule A/B that you claim as exempt, fill in the information below. 								
***************************************		on of the property and line on that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption:	Specific laws that allow exemption				
	Brief description: Line from Schedule A/B:	2017 Toyota Rav 4 3.1	\$ <u>18,466.00</u>	\$\$ 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(2) 11 USC 522(d)(5)				
***************************************	Brief description: Line from Schedule A/B:	Two Beds/Chairs	\$200.00	\$\$ 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(3)				
	Brief description: Line from Schedule A/B:	Old Computer 7	\$ <u>100.00</u>	\$ 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(3)				
3.	(Subject to adju		years after that for case	es filed on or after the date of adjustment 1,215 days before you filed this case?	.)				

ROSEMARIE ABUNAGA NAING

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Additional Page

	on of the property and line /B that lists this property	Current value of the portion you own Copy the value from	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
		Schedule A/B	and the second s	
Brief description:	Everyday clothing	\$ <u>150.00</u>	□ \$	11 USC 522(d)(3)
Line from Schedule A/B:	11		100% of fair market value, up to any applicable statutory limit	
Brief description:	Yellow gold earrings	\$300.00		11 USC 522(d)(4)
Line from Schedule A/B:	12		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	First Hawaiian Bank	\$2,000.00	<u></u> \$	11 USC 522(d)(5)
Line from Schedule A/B:	<u>17.1</u>		100% of fair market value, up to any applicable statutory limit	
Brief description:	401(k)	\$40,000.00	- \$	11 USC 522(d)(12)
Line from Schedule A/B:	21	· ·	100% of fair market value, up to any applicable statutory limit	
Brief description:	American Natl Life	\$2,736.00	<u> </u>	11 USC 522(d)(7)
Line from Schedule A/B:	31		100% of fair market value, up to any applicable statutory limit	
Brief description:	North American Co.	\$ 6,520.00	<u>_</u> \$	11 USC 522(d)(7)
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	u \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$	
Line from Schedule A/B:	·		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<u> </u>	
Line from Schedule A/B:		:	☐ 100% of fair market value, up to any applicable statutory limit	

Fill in this	information to identify	your case:						
Debtor 1	ROSEMARIE	ABUNA	GA NAI	NG				
	First Name	Middle Name	Last Nan	18				
Debtor 2 (Spouse, if filir	ng) First Name	Middle Name	Last Nan	ne				
United State	s Bankruptcy Court for the:	District of Ha	waii					
Case numbe	er			•			☐ Che	eck if this is an
(II Idlown)								ended filing
Officia	I Form 106D							
		ditore \	Who Have	Claims Sou	nurod	hy Dron	orte	40/45
				Claims Sec				12/15
				are filing together, both fill it out, number the en				
additional	pages, write your nam	e and case n	umber (if known).	·	•		•	,
1. Do any	creditors have claims :	secured by yo	our property?					
☐ No. 0	Check this box and subn	nit this form to		other schedules. You hav	e nothing els	se to report on th	nis form.	
Yes.	Fill in all of the informat	ion below.						
Part 1:	List All Secured Cla	ims	÷					
			20070	en et sie en gestellijke bestellijke in de		ma-A -	Columa B	Column C
				aim, list the creditor sepa the other creditors in Pa		unt of claim	Value of collate	
	as possible, list the cla				CUI	of deduct the oficialisteral	that supports ti claim	his portion If any
2.1 BANK	OF HAWAII	D	escribe the property	that secures the claim:	\$	8,232.00	_{\$} 18,466.	00 _{\$} 10,233.4
Creditor's	Name		047 TOVOTA DA			_		
POE	Box 2900 Street		017 TOYOTA RA	NV4				
				, the claim is: Check all tha	at apply.			
Honol	lulu HI	96846 🗳	_					
City		ZIP Code	_					
Who owe	s the debt? Check one.	N	ature of lien. Check al	I that apply.				
Debtor	•	Ģ		ade (such as mortgage or se	ecured			
☐ Debtor	· 2 only · 1 and Debtor 2 only		car loan) Statutory lien (such a	is tax lien, mechanic's lien)				
_	st one of the debtors and an	_	Judgment lien from a	lawsuit				
☐ Check	k if this claim relates to a		Other (including a rig	ht to offset)				
comm	nunity debt		4 4 4 4 4					
2.2	was incurred	***************************************	ast 4 digits of accour			22,724.00	s 25,000.	.00 _{\$} 2,276.0
FIRS Creditor's	T HAWAIIAN BANK Name	, , , , , , , , , , , , , , , , , , ,	escribe the property	that secures the claim:	\$ <u></u>	22,124.00	\$	00 \$ 2,270.0
	RECOVERY DEP	T 20	017 TOYOTA TA	.COMA (for son)				
Number	Street	L	s of the date you file.	, the claim is: Check all tha	at apply.			
	3OX 3200	 •	Contingent		ar apprij.			
HONO City			Unliquidated					
-	s the debt? Check one.		•	Il that annie				
Debtor		_	ature of lien. Check all	il that apply. lade (such as mortgage or se	ecured			
_	r 2 only	_	car loan)		concu			
	r 1 and Debtor 2 only	other -	_ ' '	s tax lien, mechanic's lien)				
	st one of the debtors and an	u.c.	Other (including a rig	tht to offset) CO-Signed	<u></u>			
comm	k if this claim relates to a nunity debt							
Date debt	was incurred 02/14/0	0201 լ	ast 4 digits of accou	nt number 7 1 0	6			

Fill in this	information to identify	your case:		
Debtor 1	ROSEMARIE	ABUNAGA	NAING	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing	ng) First Name	Middle Name	Last Name	
United State	s Bankruptcy Court for the:	District of Hawaii		
Case numbe	er		<u> </u>	

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Check if this is an amended filing

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1	List All of Your PRIORITY Unsecure	ed Claims			
∡	any creditors have priority unsecured claims No. Go to Part 2. Yes.	s against you?			
2. List éac non uns	t all of your priority unsecured claims. If a crain claim listed, identify what type of claimit is. If priority amounts. As much as possible, list the coured claims, fill out the Continuation Page of	editor has more than one priority unsecured claim, list the actiaim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's named in a light of the creditor's named in the creditor of the creditor of the creditor claim is structions for this form in the instruction booklet.)	at claim here ar ame. If you hav	nd show both p e more than tw	riority and o priority
2.1 Pri	ority Creditor's Name	Last 4 digits of account number	\$	\$	\$
Cit	y State ZIP Code Tho incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt the claim subject to offset? No Yes	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify			
	iority Creditor's Name umber Street	When was the debt incurred? As of the date you file, the claim is: Check all that apply		_ \$	
ls	//no incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt the claim subject to offset?	Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify			
. –	No Yes				

ROSEMARIE
First Name Middle Name

ABUNAGA

NAING

Part 2: L	ist All	of Your	NONPRIORITY	Unsecured	Claims

3.	Do any creditors have nonpriority uns No. You have nothing to report in this Yes						
	List all of your nonpriority unsecured nonpriority unsecured claim; list the cred included in Part 1. If more than one cred claims fill out the Continuation Page of P	itor separi tor holds	ately for each clain	 For each claim listed, identify what 	it type of claim it is. Do not	fist clair npriority	ns already
1.1	AMERICAN SAVINGS BANK			Last 4 digits of account number	1 0 8 3	_	11,651.00
	Nonpriority Creditor's Name P O BOX 2300			When was the debt incurred?	07/27/2018	\$	11,051.00
	Number Street HONOLULU City	HI State	96804 ZIP Code	As of the date you file, the claim	is: Chark all that anniv		
-	Who incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community the claim subject to offset? ✓ No ☐ Yes		ZIF GOGE	Contingent Unliquidated Disputed Type of NONPRIORITY unsecu Student loans Obligations arising out of a separ that you did not report as priority Debts to pension or profit-sharing Other. Specify Personal Lo	red claim: ation agreement or divorce claims plans, and other similar debts		
1.2	BANK OF HAWAII			Last 4 digits of account number	1 4 4 4	\$	8,959.49
	Nonpriority Creditor's Name P O BOX 2715 Number Street		:	When was the debt incurred?	12/13/2018		
	HONOLULU City	HI State	96803 ZIP Code	As of the date you file, the claim	is: Check all that apply.		
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a communis the claim subject to offset? No		ZIF CODE	Contingent Unliquidated Disputed Type of NONPRIORITY unsecu Student loans Obligations arising out of a separthat you did not report as priority Debts to pension or profit-sharing Other. Specify PERSONAL	ation agreement or divorce claims plans, and other similar debts		
	Yes						
1.3	BARCLAYS Nonpriority Creditor's Name		:	Last 4 digits of account number		\$	18,830.47
	P O BOX 60517			When was the debt incurred?	06/19/2015		
	CITY OF INDUSTRY,	CA State	91716 ZIP Code	As of the date you file, the claim	is: Check all that apply.		
	Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only			Contingent Unliquidated Disputed			
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecu	red claim:		
	☐ At least one of the debtors and another☐ Check if this claim is for a commun	ity dobė		Student loans			
	ls the claim subject to offset? ✓ No	ncy debt		 □ Obligations arising out of a separ that you did not report as priority □ Debts to pension or profit-sharing □ Other. Specify BASIC COS 	claims plans, and other similar debts		
	Yes						

ABUNAGA

NAING Case number (if known)

Your NONPRIORITY Unsecured Claims — Continuation Page

Afte	r listing any entries on this page, number then	n beginning with	4.4, followed by 4.5, and so forth.	Total claim
44	CITI CARDS	,	Last 4 digits of account number 1 2 7 1	\$ 9,296.00
	Nonpriority Creditor's Name P O BOX 78019		When was the debt incurred? $\frac{10/01/2016}{10/01/2016}$	
	Number Street PHOENIX, AZ	85062	As of the date you file, the claim is: Check all that apply.	4
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		✓ Unliquidated✓ Disputed	2000
	Debtor 1 only	•	Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		Student loans	
	☐ Check if this claim is for a community debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Basic Costs of Living	TA
	✓ No		Other Specify Dasic Costs of Living	
	☐ Yes			A PARAMETER A PARA
4.5			Last 4 digits of account number 0 1 0 2	s 14,430.00
	ALOHA PACIFIC FCU Nonpriority Creditor's Name		-	\$ <u>14,430.00</u>
	832 S. HOTEL STREET		When was the debt incurred? $01/19/2018$	·
	Number Street	00040	As of the date you file, the claim is: Check all that apply.	terialer and enterin
	HONOLULU HI City State	96813 ZIP Code	Contingent	ALT TO COMMANDE
			☑ Unliquidated	Transference.
	Who incurred the debt? Check one.		☐ Disputed	***************************************
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		Student loans	**************************************
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	and the same of th
	☐ Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	anger va ange
	Is the claim subject to offset?		✓ Other. Specify Personal Loan	valenanon
	₩ No			**************************************
	☐ Yes			-
4.6			Last 4 digits of account number A K A M	_{\$} 9,576.00
	ALOHA PACIFIC FCU Nonpriority Creditor's Name			**************************************
	832 S. HOTEL STREET		When was the debt incurred? <u>U6/29/2000</u>	***************************************
	Number Street HONOLULU Hi	96813	As of the date you file, the claim is: Check all that apply.	Vera e (c) female
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		✓ Unliquidated☐ Disputed	
	☑ Debtor 1 only		- Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans	
	☐ Check if this claim is for a community debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	·		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ✓ No ☐ Yes		☑ Other. Specify LINE OF CREDIT	

ABUNAGA

NAING

Case number (if known)_

Your NONPRIORITY Unsecured Claims — Continuation Page

Afte	r listing any entries on this page, number the	m beginning wif	th 4.4, followed by 4.5, and so forth:	Total claim
47	SEARS/CITIBANK		Last 4 digits of account number 0 0 2 2	_{\$} 1,674.04
	Nonpriority Creditor's Name P O BOX 78024		When was the debt incurred? 08/01/2014	·
	Number Street PHOENIX, AZ	85062	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		Unliquidated Disputed	
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt is the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Basic Costs of Living	
	M No		Culci. opcony	
	Yes			
4.8	MACY'S		Last 4 digits of account number 0 2 5 0	s 2,153.00
	Nonpriority Creditor's Name		When was the debt incurred? 10/05/2019	· · · · · · · · · · · · · · · · · · ·
	P O BOX 9001108 Number Street			
	LOUISVILLE KY City State	40290 ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent	
	Who incurred the debt? Check one.		✓ Unliquidated	
	Debtor 1 only		Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		Student loansObligations arising out of a separation agreement or divorce that	
	$f \Box$ Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		Other Specify Basic Costs of Living Exp.	
	No Yes			
4.9			1 4 1 1 1 1 1 1	_{\$} 1,618.00
	TARGET Nonpriority Creditor's Name		Last 4 digits of account number 4 1 6 7	
	P O BOX 673		When was the debt incurred? 10/01/2019	
	Number Street MINNEAPOLIS MN	55440	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	 ✓ Contingent ✓ Unliquidated 	
	Who incurred the debt? Check one. ✓ Debtor 1 only	•	☐ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans	
	☐ Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
(manyana) (manya	Is the claim subject to offset?		 Debts to pension or profit-sharing plans, and other similar debts Other. Specify Basic Costs of Living Exp. 	
and	No -			
	☐ Yes			

ABUNAGA

NAING

Case number (if known)

List Others to Be Notified About a Debt That You Already Listed

				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				On which entry in rait 1 of rait 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Clai
				Last 4 digits of account number
City		State	ZIP Code	
City	······································	Glate	ZII COGG	On which profess in Post 4 or Post 2 did you liet the existing legalitor?
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street	•		☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
				Last 4 digits of account number
City		State	ZIP Code	
	·			On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
	-			Claims Claims
		······································		lack 4 digita of occasion number
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name			<u> </u>	A COLUMN TO THE STATE OF THE ST
	Observation			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
***************************************				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				On which that y are y or rate 2 and you had the original ordered.
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
Oit.		04-1-	7/0 00-1-	Last 4 digits of account number
City		State	ZIP Code	On which putter in Bout 4 or Bout 2 did you list the evision landitor?
Name	·			On which entry in Part 1 or Part 2 did you list the original creditor?
•				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
				Last 4 digits of account number
City		State	ZIP Code	
None				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check and): Dort 4: Conditors with Driveth I Income and Claims
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number

ABUNAGA

NAING

Case number (if known)

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims	6a. Domestic support obligations	6a.	\$0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$0.00
art (6e. Total. Add lines 6a through 6d.	6e.	\$
			Total claim
Total claims	6f. Student loans	6f.	Total claim
Total claims from Part 2	6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6f. 6g.	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority		\$0.00
	 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other 	6g.	\$

Fill in this in	nformation to id	dentify your case:		
Debtor	ROSEMARIE ABUNAGA NAING			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse If filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court	for the: District of Hawaii		
	, ,			
Case number	-			
(ii kilowi)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you	rhave the contract or lease	State what the contract or lease is for
2.1	BANK OF HAWAII		VEHICLE PURCHASE
	Name		
	P O BOX 2900		
***************************************	Number Street		
***************************************	HONOLULU HI	96805	
	City State	ZIP Code	
2.2	FIRST HAWAIIAN BANK		_ CO SIGNED FOR SON'S VEHICLE PURCHASE
	Name		
***	P O BOX 3900		
	Number Street	000 477	
	HONOLULU HI	96847	<u> </u>
-	City State	ZIP Code	
2.3			
	Name		
	Number Street		
	City State	ZIP Code	
2.4			
	Name		_
	Number Street		<u> </u>
	City State	ZIP Code	
2.5			
	Name		
	Name		
	Number Street		
	City State	ZIP Code	
becases			

Fill in this information to identify your case:						
Debtor 1	ROSEMARIE First Name	ABUNAGA Middle Name	NAING Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	•		
United States Bankruptcy Court for the: District of Hawaii						
Case number(If known)						

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

case	e number (if known). Answer every question.				
1.	Do you have any codebtors? (If you are filing a ☐ No ☐ Yes	joint case, do not	i list either spouse a	as a codebtor.)	
2.	Within the last 8 years, have you lived in a co Arizona, California, Idaho, Louisiana, Nevada, N			? (Community property states and territories include shington, and Wisconsin.)	
	✓ No. Go to line 3.☐ Yes. Did your spouse, former spouse, or legal	al equivalent live v	with you at the time	?	
	□ No	•	•		
		y did you live?		Fill in the name and current address of that person.	
	Name of your spouse, former spouse, or legal equiva	lent		_	
	Number Street			-	
	City State		ZIP Code	-	
				or if your spouse is filing with you. List the person	
	shown in line 2 again as a codebtor only if the Schedule D (Official Form 106D), Schedule E Schedule E/F, or Schedule G to fill out Column	at person is a gu /F (Official Form	arantor or cosign	er. Make sure you have listed the creditor on lule G (Official Form 106G). Use Schedule D,	
	Column 1. Your codebtor			Column 2: The creditor to whom you owe the d Check all schedules that apply:	eor
3.1	RJ BOLUSAN			☑ Schedule D, line 2.2	
	2097 Hewahewa Drive			☐ Schedule E/F, line	
	Number Street	••	0.0700	☐ Schedule G, line	
	***************************************	HI State	96793 ZIP Code		
3.2					
-	Name			Schedule D, line	
				Schedule E/F, line	
	Number Street			☐ Schedule G, line	
_	City	State	ZIP Code		······································
3.3	3			Schedule D, line	
	Name			Schedule E/F, line	
	Number Street			☐ Schedule G, line	
	City	State	ZIP Code		
1	······································				

Fill in this information to identify	your case:			
Debtor 1 ROSEMARIE First Name		NAING Last Name		
Debtor 2	Middle Name	Last Name		
(Spouse, if filing) First Name		Last Name		
United States Bankruptcy Court for the: I	DISTRICT OF HAWAII			
Case number (If known)			Check if this	
				ement showing postpetition chapter 13
				as of the following date:
Official Form 106I			MM / DD	/
Schedule I: You	r Income			12/15
supplying correct information. If you fly you are separated and your spou separate sheet to this form. On the Part 1: Describe Employm	ou are married and not filingse is not filingse is not filing with you, detop of any additional pag	ng jointly, and your : lo not include inforn	spouse is living with yo nation about vour spous	both are equally responsible for u, include information about your spouse. se. If more space is needed, attach a own). Answer every question.
 Fill in your employment information. 		Debtor 1	, P	Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	≦ Employed☐ Not employed		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.		6	3a Varia	
Occupation may include student or homemaker, if it applies.	Occupation	*CASHIER. *	Bakery	
	Employer's name	FOODLAND		
	Employer's address	PUKALANI TER Number Street	RRACE CTR	Number Street
	,			
		PUKALANI City S	HI 96768_ State ZIP Code	City State ZIP Code
	How long employed the	25		10 YRS
Part 2: Give Details About	t Monthly Income			
spouse unless you are separated If you or your non-filing spouse h	l. ave more than one employe	er, combine the inform		te \$0 in the space. Include your non-filing r that person on the lines
below. If you need more space, a	ttach a separate sheet to th	us torm.		
The state of the s			For Debtor 1	For Debtor-2 or non-filling spouse
List monthly gross wages, sal deductions). If not paid monthly.	lary, and commissions (be , calculate what the monthly	efore all payroll wage would be.	2. \$_4,021.82	\$
3. Estimate and list monthly ove	rtime pay.		3. +\$ 0.00	+ \$
4. Calculate gross income. Add I	ine 2 + line 3.		4. \$_4,021.82	\$

ABUNAGA

NAING

Case number	(if known)	

		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4 .	\$_4,021.82	\$	and a summer
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	s 1,052.45	\$	
5b. Mandatory contributions for retirement plans	5b.	\$	\$	
5c. Voluntary contributions for retirement plans	5c.	\$ 262.77	\$	
5d. Required repayments of retirement fund loans	5d.	\$ 293.06	\$	
5e. Insurance	5e.	\$ 28.59	\$	
5f. Domestic support obligations	5f.	\$	\$	
	5g.	\$	\$	
5g. Union dues 5h. Other deductions. Specify:	5h.	+¢	+ ¢	
		- φ	. Ψ	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	<u>\$ 2,384.95</u>	\$	
8. List all other income regularly received:		•		- The second sec
 Net income from rental property and from operating a business, profession, or farm 				
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total				·
monthly net income.	8a.	\$	\$	
8b. Interest and dividends	8b.	\$	\$	-
8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	ent			
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	\$	
8d. Unemployment compensation	8d.	\$	\$	
8e. Social Security	8e.	\$	\$	
8f. Other government assistance that you regularly receive				
Include cash assistance and the value (if known) of any non-cash assistar that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	nce			
Specify:	8f.	\$	\$	
8g. Pension or retirement income	8g.	\$	\$	
8h. Other monthly income. Specify: Raceworks Enter. (2nd job)	8h.	+\$ 1,560.00	+\$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$ 1,560.00	\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10	\$ 3,944.95	+ \$	= \$ <u>3,944.95</u>
11. State all other regular contributions to the expenses that you list in Sche	dule .	J.		
Include contributions from an unmarried partner, members of your household, friends or relatives.				
Do not include any amounts already included in lines 2-10 or amounts that are	not a	vailable to pay expe		
Specify:	,		11. '	+ \$
12. Add the amount in the last column of line 10 to the amount in line 11. The	e resu	It is the combined m	onthly income.	s 3,944.95
Write that amount on the Summary of Your Assets and Liabilities and Certain	Statis	<i>tical Information,</i> if it	applies 12.	Combined
13. Do you expect an increase or decrease within the year after you file this	form	?		monthly income
No.				
Yes. Explain:				

Fill in this information to identify	your case:	<u> </u>		
Debtor 1 ROSEMARIE First Name	ABUNAGA NAING Middle Name Last Name	Check if th	is is:	
Debtor 2		🔲 An ame	ended filing	
(Spouse, if filing) First Name	Middle Name Last Name	☐ A supp	lement showing postp	
United States Bankruptcy Court for the:	DISTRICT OF HAWAII	expens	es as of the following	date:
Case number (If known)		MM / DI	D/ YYYY	
Official Form 106J				
	ur Evnoncoc			40/45
Schedule J: You				12/15
Be as complete and accurate as poinformation. If more space is needed (if known). Answer every question.	ed, attach another sheet to this for	ling together, both are equally r m. On the top of any additional	esponsible for supplyl pages, write your nam	e and case number
Part 1: Describe Your Hou	sehold			
1. Is this a joint case?				
✓ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a s	separate household?			
□ No	•			
Yes. Debtor 2 must file	e Official Form 106J-2, Expenses for	Separate Household of Debtor 2.		
2. Do you have dependents?	□ No	Dependent's relationship to	Dependent's	Does dependent live
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent		age	with you?
Do not state the dependents'	·	SON	18	U No ✓ Yes
names.		SON	12	☐ No ☑ Yes
				■ Yes □ No
				☐ Yes
				□ No
				☐ Yes
·				No Yes
Do your expenses include expenses of people other than yourself and your dependents?	☑ No ☐ Yes	and and a second se		
Part 2: Estimate Your Ongo Estimate your expenses as of your	ing Monthly Expenses	are using this form as a sunnie	ement in a Chapter 13	case to report
expenses as of a date after the bal applicable date.	nkruptcy is filed. If this is a supple	mental Schedule J, check the bo	ox at the top of the form	n and fill in the
Include expenses paid for with no			mental (S. 118)	
such assistance and have include			Your expe	libus
The rental or home ownership any rent for the ground or lot.	expenses for your residence. Inclu	de first mortgage payments and	4. \$	1,250.00
If not included in line 4:			_	0.00
4a. Real estate taxes			4a. \$	0.00
4b. Property, homeowner's, or			4b. \$	30.00
4c. Home maintenance, repair,	• •		4c. \$	0.00
4d. Homeowner's association of	or condominium dues		4d. \$	0.00

ROSEMARIE

First Name

A

Middle Nam

ABUNAGA

NAING

Case number (if known

Your expenses 0.00 5. Additional mortgage payments for your residence, such as home equity loans 5. 6. Utilities: 0.00 6a. Electricity, heat, natural gas 0.00 Water, sewer, garbage collection 6b. 270.00 Telephone, cell phone, Internet, satellite, and cable services 6c. 6c. 0.00 6d. Other. Specify: 6d. 750.00 7. Food and housekeeping supplies 7. 150.00 Childcare and children's education costs 8 150.00 Clothing, laundry, and dry cleaning 100.00 Personal care products and services 10. Medical and dental expenses 50.00 11. Transportation. Include gas, maintenance, bus or train fare. 12. 200.00 Do not include car payments. 12. 200.00 Entertainment, clubs, recreation, newspapers, magazines, and books 13. 13. 50.00 Charitable contributions and religious donations 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 200.00 15a. Life insurance 15a. 0.00 15b. Health insurance 15b. 150.00 15c. Vehicle insurance 15c. 0.00 15d. Other insurance. Specify:__ Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 16. 0.00 Specify: 16 17. Installment or lease payments: 350.00 17a. Car payments for Vehicle 1 17a 17b. Car payments for Vehicle 2 17c. Other. Specify:_ 17d. Other, Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 0.00 19. Other payments you make to support others who do not live with you. 0.00 Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 0.00 20a. Mortgages on other property 20a. 0.00 20b. Real estate taxes 20b. 0.00 20c. Property, homeowner's, or renter's insurance 20c. 0.00 20d. Maintenance, repair, and upkeep expenses 20d. 0.00 20e. Homeowner's association or condominium dues 20e.

Debtor	1	

ROSEMARIE
First Name Middle Name

ABUNAGA

NAING

1. O f	her. Specify:	21.	+\$	
2. Ca	iculate your monthly expenses.			
22	a. Add lines 4 through 21.	22a.	\$	3,920.00
22	c. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$	0.00
22	c. Add line 22a and 22b. The result is your monthly expenses.	22c.	\$	3,920.00
3. Cal	culate your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,944.95
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	3,920.00
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c .	\$	24.95
4. Do	you expect an increase or decrease in your expenses within the year after you file this form	n?		
	example, do you expect to finish paying for your car loan within the year or do you expect your tgage payment to increase or decrease because of a modification to the terms of your mortgage?			
Ø	res. Explain here: My son is applying for college that should occur sometime to	his year.		

Fill in this in	formation to ide	ntify your case:	
Debtor 1	ROSEMARIE	ABUNAGA NAING	
200107	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for	the:	District of H
Case number (If known)			(State)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an attorne	ey to help you fill out bankruptcy forms?
No XX Yes. Name of person_KATHARINE T.V. AH LOY, fka	Attchley . Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have read the summer that they are true and correct.	nary and schedules filed with this declaration and
* Rosemanie A. Vary * Signature of Debtor 1	nature of Debtor 2
	e MM/ DD / YYYY

· -	First Name			
	-ust Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing) F	First Name	Middle Name	Last Name	

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Give Do	etails Abou	t Your Marital Stat	tus and Where Y	ou l	Lived Before		
1.	What i	is your cu	rrent marital	status?		-			
	☐ Ma	arried ot married							
2.	□ No)		you lived anywhere					
	I	Debtor 1:			Dates Debtor 1 lived there	De	ebtor 2:		Dates Debtor 2 lived there
							Same as Debtor 1		Same as Debtor 1
	-	Number	Street		From To		Number Street		From To
	********	City		State ZIP Code	-		City	State ZIP Code	
							Same as Debtor 1		☐ Same as Debtor 1
	-	Number	Street		From To		Number Street		From To
		City		State ZIP Code	-		City	State ZIP Code	•
3.	states M No	and territo	ories include A	rou ever live with a sp Arizona, California, Idal t Schedule H: Your Co	no, Louisiana, Neva	ida, N	New Mexico, Puerto Rico,	erty state or territory? (C Texas, Washington, and '	community property Wisconsin.)

Part 21 Explain the Sources of Your Income

ROSEMARIE

ABUNAGA

NAING

Case number (if known)		

	Did you have any income from employmen Fill in the total amount of income you received If you are filing a joint case and you have inco	l from all jobs and all busir	nesses, including part-tin	ne activities.	dar years?
	☑ No ☑ Yes. Fill in the details.				
		Sources of Income Check all that apply	Gross Income (before deductions and exclusions)	Sources of Income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	✓ Wages, commissions, bonuses, tips ☐ Operating a business	\$3,044.00	Wages, commissions, bonuses, tips☐ Operating a business	\$
	For last calendar year: (January 1 to December 31,2019	Wages, commissions, bonuses, tips Operating a business	\$52,495.77	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
	For the calendar year before that: (January 1 to December 31, 2018 YYYY	✓ Wages, commissions, bonuses, tips✓ Operating a business	\$ 57,017.00	Wages, commissions, bonuses, tipsOperating a business	\$
5.	Did you receive any other income during to Include income regardless of whether that incume unemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from a No Yes. Fill in the details.	come is taxable. Examples nents; pensions; rental inco g a joint case and you have	of other income are alinome; interest; dividends; e income that you receive	money collected from lawsued together, list it only once	iits; royalties; and
		Sources of Income Describe below	Gross Income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
All has the second decided by the second dec	From January 1 of current year until the date you filed for bankruptcy:		\$ \$ \$		\$ \$ \$
			¢		¢
	For last calendar year: (January 1 to December 31, 2019 YYYY		\$ \$		\$ \$
	For the calendar year before that: (January 1 to December 31, 2018 YYYYY)		\$ \$ \$		\$ \$ \$

page 2

ROSEMARIE First Name Midd

ABUNAGA

NAING

re eith	ner De	ebtor 1's or Debto	or 2's del	ots primarily o	onsumer debts	?				
□ No.	"inc	ther Debtor 1 nor urred by an individ ing the 90 days be	lual prima	rily for a perso	nal, family, or ho	usehold p	ourpose."			3) as
		-	siole you	med for pariking	picy, did you pay	y arry cred	illor a total or we),025 Of IIIO	.	,
		No. Go to line 7.								
		child support	you paid and alim	that creditor. D ony. Also, do n	o not include pa ot include paym	yments fo ents to an	r domestic supp attorney for this	oort obligation s bankruptcy	ns, such as case.	
	* Su	ubject to adjustmer	nt on 4/01	/22 and every	3 years after tha	t for cases	s filed on or afte	er the date of	adjustment.	
1 Yes	s. Deb	otor 1 or Debtor 2	or both	have primarily	consumer deb	ts.				
	Duri	ing the 90 days be	efore you	filed for bankru	ptcy, did you pay	y any cred	litor a total of \$6	600 or more?		
		No. Go to line 7.								
						'600 or m	ara and tha tata	I amount you	naid that	
	X.	Yes. List below ea	not includ	e payments for	domestic suppo	rt obligati	ions, such as ch	ild support a	nd	
		alimony. Also	o, do not i	include paymei	nts to an attorney	y for this b	ankruptcy case) .		
					Dates of	Total arr	nount paid	Amount yo	n still owe	Was this payment fo
					payment	i Otal ali	lounepaid	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		e plate production
		Paolina Aqui	no		01/01/2020	\$	1,250.00	\$	0.00	☐ Mortgage
	•	Creditor's Name	110		01/01/2020	Ψ	.,	Ψ		
		Creditor 3 Marrio								
		708 Lalani Ci	ircle							☐ Car
			ircle							☐ Car☐ Credit card
		708 Lalani C	ircle	·						☐ Car☐ Credit card☐ Loan repayment
		708 Lalani C	ircle HI	96732						☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vend
		708 Lalani C		96732 ZIP Code						☐ Car☐ Credit card☐ Loan repayment
		708 Lalani Ci Number Street Kahului	HI							Car Credit card Loan repayment Suppliers or vend Other RENT
		708 Lalani Civamber Street Kahului City	HI			\$. \$		Car Credit card Loan repayment Suppliers or vend Other RENT Mortgage
		708 Lalani Ci Number Street Kahului	HI			\$. \$		Car Credit card Loan repayment Suppliers or vend Other RENT Mortgage Car
		708 Lalani Civamber Street Kahului City	HI			\$. \$		Car Credit card Loan repayment Suppliers or vend Other RENT Mortgage Car Credit card
		708 Lalani Ci Number Street Kahului City Creditor's Name	HI			\$. \$		Car Credit card Loan repayment Suppliers or vend Cother RENT Mortgage Car Credit card Loan repayment
		708 Lalani Ci Number Street Kahului City Creditor's Name	HI			\$		\$		Car Credit card Loan repayment Suppliers or vend Other RENT Mortgage Car Credit card Loan repayment Suppliers or vend
		708 Lalani Ci Number Street Kahului City Creditor's Name	HI			\$		\$		Car Credit card Loan repayment Suppliers or vend Other RENT Mortgage Car Credit card
		708 Lalani Ci Number Street Kahului City Creditor's Name	HI State	ZIP Code		\$		\$		Car Credit card Loan repayment Suppliers or vend Other RENT Mortgage Car Credit card Loan repayment Suppliers or vend Other Cother
		708 Lalani Ci Number Street Kahului City Creditor's Name Number Street	HI State	ZIP Code		\$ \$		\$\$\$		Car Credit card Loan repayment Suppliers or vend Other RENT Mortgage Car Credit card Loan repayment Suppliers or vend Other Cordit card Condit card C
		708 Lalani Ci Number Street Kahului City Creditor's Name	HI State	ZIP Code		\$ \$		\$\$		Car Credit card Loan repayment Suppliers or vend Other RENT Mortgage Car Credit card Loan repayment Suppliers or vend Other Coredit card
		708 Lalani Ci Number Street Kahului City Creditor's Name Number Street	HI State	ZIP Code		\$ \$		\$s		Car Credit card Loan repayment Suppliers or vend Other RENT Mortgage Car Credit card Loan repayment Suppliers or vend Other Credit card Coher Credit card Credit card Coher Credit card Credit card Credit card
		708 Lalani Ci Number Street Kahului City Creditor's Name Number Street City Creditor's Name	HI State	ZIP Code		\$ \$		\$\$		Car Credit card Loan repayment Suppliers or vend Other RENT Mortgage Car Credit card Loan repayment Suppliers or vend Other Credit card Coan repayment Suppliers or vend Other Mortgage

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy U.S. Bankruptcy Court - Hawaii #20-00065 Dkt # 3 Filed 01/17/20 Page 40 of 60 page 3 De

or 1	ROSEMARIE First Name Middle N	ABUNAGA	NAING	c	Case number (if known)_	
-1						
<i>nside</i> corpo agent	ers include your relative prations of which you ar	e an officer, director, pe siness you operate as	; relatives of any g erson in control, or	eneral partners; pa owner of 20% or m	ortnerships of which	who was an insider? h you are a general partner; securities; and any managing domestic support obligations,
Z N						
- Y₁	es. List all payments to	an insider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name			\$	\$	
	Number Street					
	City	State ZIP Code				
	Insider's Name			\$	\$	
	Number Street					
	City	State ZIP Code				
an in nclud	sider? de payments on debts o	led for bankruptcy, did guaranteed or cosigned at benefited an insider.		ayments or transf	er any property o	n account of a debt that benefited
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
	Insider's Name			\$	\$	
	Number Street					
	City	State ZIP Code			applas Transport and Control of the	
xoo	Insider's Name			\$	\$	
	Number Street					
	Maniper Street					1

Official Form 107

ZIP Code

ROSEMARIE First Name Midd ABUNAGA

NAING

Case number	(if known)	

Part 4:	Identify Legal	Actions,	Repossessions.	and Foreclosures
		,	,	

	thin 1 year before you filed for ba t all such matters, including person d contract disputes.						
	No						
ū							
		Nature	of the ca	se.	Court or agenc	y	Status of the case
	Case title				Court Name		Pending On appeal
					Number Street		Concluded
	Case number				City	State ZIP Code	
	Case title				Court Name		Pending On appeal
	Case number	-			Number Street		Concluded
			.H-44-114-11-11-11-1-1-1-1-1-1-1-1-1-1-1-		City	State ZIP Code	
_	No. Go to line 11. Yes. Fill in the information below.						
_	Yes. Fill in the information below.		Descr	the the property		Date	Value of the property \$
_	Yes. Fill in the information below. Creditor's Name		-			Date.	Value of the property \$\$
_	Yes. Fill in the information below.		- Expla	the the property In what happene	d	Date	Value of the property \$
_	Yes. Fill in the information below. Creditor's Name		Expla	in what happene	d possessed. reclosed.	Date.	Value of the property \$\$
_	Yes. Fill in the information below. Creditor's Name Number Street	e ZIP Code	Expla	in what happene Property was re Property was for Property was ga	d possessed. reclosed.		Value of the property \$
_	Yes. Fill in the information below. Creditor's Name Number Street	e ZIP Code	Expla	in what happene Property was re Property was for Property was ga	d possessed. reclosed. arnished. tached, seized, or le		Value of the property \$ Value of the property
_	Yes. Fill in the information below. Creditor's Name Number Street	e ZIP Code	Expla	in what happens Property was re Property was for Property was ga Property was at	d possessed. reclosed. arnished. tached, seized, or le	vied.	\$
_	Yes. Fill in the information below. Creditor's Name Number Street City State	e ZIP Code	Expla	in what happens Property was re Property was for Property was ga Property was at	d possessed. reclosed. arnished. tached, seized, or le	vied.	\$
_	Yes. Fill in the information below. Creditor's Name Number Street City State Creditor's Name	e ZIP Code	Expla For the second s	in what happene Property was re Property was ga Property was at the the property in what happens	d possessed. reclosed. arnished. tached, seized, or le	vied.	\$
_	Yes. Fill in the information below. Creditor's Name Number Street City State Creditor's Name	e ZIP Code	Expla Frame	In what happens Property was re Property was for Property was att Property was att	nd possessed. reclosed. arnished. tached, seized, or le	vied.	\$

m.	٦h	tο	4	

ebtor 1	ROSEMARIE First Name Mid-	ABUNAGA die Name Last N	NAING	Case number (if known)_	
acc	ounts or refuse to m		otcy, did any creditor, i ause you owed a debt'		tion, set off any amounts from your
Ø	No Yes. Fill in the details				
_	res. Fill iff the details	•	Describe the action the	a creditor took	Date action Amount was taken
	Creditor's Name				
	Number Street				\$
	City	State ZIP Code	Last 4 digits of accou	nt number: XXXX	_1
ō	No Yos				
	List Certain G	ifts and Contribut		ifts with a total value of more than \$	\$600 per person?
13. Wit	List Certain G	ou filed for bankrupt		ifts with a total value of more than \$	\$600 per person?
13. Wit	List Certain Gi	ou filed for bankrupt		ifts with a total value of more than \$	Dates you gave the gifts
13. Wit	List Certain G hin 2 years before yo No Yes. Fill in the details	ou filed for bankrupt for each gift.	tcy, did you give any g	ifts with a total value of more than \$	Dates you gave Value
13. Wit	hin 2 years before you No Yes. Fill in the details Gifts with a total value per person	ou filed for bankrupt for each gift.	tcy, did you give any g	ifts with a total value of more than \$	Dates you gave Value
13. Wit	hin 2 years before you No Yes. Fill in the details Gifts with a total value per person. Person to Whom You Gave	ou filed for bankrupt for each gift.	tcy, did you give any g	ifts with a total value of more than \$	Dates you gave Value
Ø	hin 2 years before you No Yes. Fill in the details Gitts with a total value per person Person to Whom You Gave	ou filed for bankrupt for each gift. e of more than \$600 the Gift State ZIP Code	tcy, did you give any g	ifts with a total value of more than \$	Dates you gave Value

Official Form 107

City

Person to Whom You Gave the Gift

Person's relationship to you _

State ZIP Code

Number Street

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

ebtor 1	ROSEMARIE ABUNAGA	A NAING	Case number (if known)	
	•			
14. Wit h	nin 2 years before you filed for bankru	ıptcy, did you give any gifts or	contributions with a total value	e of more than \$600 to any charity?
	No Yes. Fill in the details for each gift or co	ntribution.		
	Giffs or contributions to charities that total more than \$600	Describe what you contributed	f contract	Date you Contributed
ī	Charity's Name	-		\$
-				 \$
ī	Number Street	-		
ī	City State ZIP Code	-		
Part 6	List Certain Losses			
disa	hin 1 year before you filed for bankru aster, or gambling?	ptcy or since you filed for banl	kruptcy, did you lose anything	because of theft, fire, other
	No Yes. Fill in the details.			
	Describe the property you lost and how the loss occurred	Describe any insurance cover include the amount that insurar claims on line 33 of Schedule A	nce has paid. List pending insurance	Date of your Value of property loss
				\$
السيوس				
Part 7	List Certain Payments or Tra	nsfers		
16. Wit l	hin 1 year before you filed for bankru	ptcy, did you or anyone else a		nsfer any property to anyone
16. Witi you	thin 1 year before you filed for bankru u consulted about seeking bankruptcy	ptcy, did you or anyone else a y or preparing a bankruptcy pe	tition?	
16. With you Incl	chin 1 year before you filed for bankru u consulted about seeking bankruptcy lude any attorneys, bankruptcy petition p	ptcy, did you or anyone else a y or preparing a bankruptcy pe	tition?	
16. With you Incl	thin 1 year before you filed for bankru u consulted about seeking bankruptog lude any attorneys, bankruptcy petition p	ptcy, did you or anyone else a y or preparing a bankruptcy pe	etition? gencies for services required in y	
you Incl	chin 1 year before you filed for bankru u consulted about seeking bankruptcy lude any attorneys, bankruptcy petition p No Yes. Fill in the details. Katharine T.V. Ah Loy	ptcy, did you or anyone else a y or preparing a bankruptcy pe preparers, or credit counseling ag	etition? gencies for services required in y	Dur bankruptcy. Date payment or Amount of payment transfer was

Official Form 107

Email or website address

Person Who Made the Payment, if Not You

\neg	hta	1	
ve	btc	, ,	

ROSEMAR	IE /	ABUNAGA	NAING		Case number (if known)	
First Name	Middle Name	Last Name		_ ,	,	

	and the second s	
	Description and value of any property transferred Date payment or transfer was made payment.	
Person Who Was Paid	_	
	 \$	
Number Street	-	
·	\$	
City State ZIP Code	-	
Email or website address		
Person Who Made the Payment, if Not You		
omised to help you deal with your credion not include any payment or transfer that your series in the series in the details.	ditors or to make payments to your creditors? you listed on line 16. Description and value of any property transferred Date payment or Amount of	e construction
	Description and value of any property transferred Date payment of transfer was made	pay
Person Who Was Paid	and belief the first and the f	
Number Street	\$	
	_	
City State ZIP Code	_	
	uptcy, did you sell, trade, or otherwise transfer any property to anyone, other than propert ir business or financial affairs?	у
	e made as security (such as the dranting of a security interest of mortdage on your property)	
	s made as security (such as the granting of a security interest or mortgage on your property). nave already listed on this statement.	
clude both outright transfers and transfers o not include gifts and transfers that you ha No		
clude both outright transfers and transfers o not include gifts and transfers that you ha	nave already listed on this statement.	
clude both outright transfers and transfers o not include gifts and transfers that you ha No		
clude both outright transfers and transfers o not include gifts and transfers that you ha No Yes. Fill in the details.	Description and value of property Describe any property or payments received Date t	
clude both outright transfers and transfers o not include gifts and transfers that you ha No	Description and value of property Describe any property or payments received Date t	
clude both outright transfers and transfers o not include gifts and transfers that you ha No Yes. Fill in the details.	Description and value of property Describe any property or payments received Date t	
clude both outright transfers and transfers on not include gifts and transfers that you had No I Yes. Fill in the details. Person Who Received Transfer	Description and value of property Describe any property or payments received Date t	
clude both outright transfers and transfers on not include gifts and transfers that you had No I Yes. Fill in the details. Person Who Received Transfer Number Street	Description and value of property Describe any property or payments received Date t	
clude both outright transfers and transfers on not include gifts and transfers that you had No I Yes. Fill in the details. Person Who Received Transfer	Description and value of property Describe any property or payments received Date t	
clude both outright transfers and transfers on not include gifts and transfers that you had No I Yes. Fill in the details. Person Who Received Transfer Number Street	Description and value of property Describe any property or payments received Date t	
clude both outright transfers and transfers on not include gifts and transfers that you had No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you	Description and value of property Describe any property or payments received Date t	
clude both outright transfers and transfers on not include gifts and transfers that you had No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code	Description and value of property Describe any property or payments received Date t	
clude both outright transfers and transfers on not include gifts and transfers that you had No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you	Description and value of property Describe any property or payments received Date t	
Clude both outright transfers and transfers on not include gifts and transfers that you had not include gifts and transfers that you had not include gifts and transfers that you had not include gifts and transfers. Person Who Received Transfer City State ZIP Code Person's relationship to you Person Who Received Transfer	Description and value of property Describe any property or payments received Date t	
clude both outright transfers and transfers on not include gifts and transfers that you had not include gifts and transfers that you had not include gifts and transfers that you had not include gifts and transfers. Person Who Received Transfer City State ZIP Code Person's relationship to you Person Who Received Transfer	Description and value of property Describe any property or payments received Date t	

Official Form 107

Case number (if known)

40 VA/i+	hin 10 years before you filed for bankru	ntov did vou transfer any nron	party to a colf-cottled truct	or similar device of w	hich you
	a beneficiary? (These are often called as		erty to a sen-settled trust	oi siiililai device oi wi	alon you
Ø	No				
	Yes. Fill in the details.				
		Description and value of the pro	perty transferred		Date transfer was made
	Name of trust				
Part 8	8: List Certain Financial Account	s. Instruments. Safe Depo	alt Boxes, and Storage	Units	
	thin 1 year before you filed for bankrupt	ii			hamafit
elo Inc bro	osed, sold, moved, or transferred? clude checking, savings, money market, okerage houses, pension funds, cooper No Yes. Fill in the details.	or other financial accounts; ce	ertificates of deposit; shar financial institutions.		
	Name of Financial Institution	XXXX	☐ Checking		\$
	Number Street		☐ Savings		
			☐ Money market		
			Brokerage		
	City State ZIP Code		Other		
	Name of Financial Institution	xxxx	☐ Checking☐ Savings		\$
			Money market		
	Number Street		☐ Brokerage		
			Other		
	City State ZIP Code	·	Other		
se M	you now have, or did you have within ocurities, cash, or other valuables?	l year before you filed for bank	ruptcy, any safe deposit b	oox or other depository	/ for
	Yes. Fill in the details.				
		Who else had access to it?	Describe the	contents	Do you still have it?
					T
					☐ No ☐ Yes
	Name of Financial Institution	Name			— 163
	Number Street	Number Street			acceptance and a second
	Otto ND O	City State ZIP Code			
	City State ZIP Code		ļ		

De	htor	1	

Debtor 1	ROSEMA First Name	RIE	ABUNAGA	NAING	Ca	se number (#known)		
	First Name	MICCIE NAM	Last	name				
ZŽ 1	you stored pro lo /es. Fill in the d		storage unit o	or place other than your	home within 1 yea		ankruptcy?	i kacaleningan kangana
				Who else has or had acc	ess to II?	Describe the contents		Do you still have it?
	Name of Storage F	acility		Name				☐ No ☐ Yes
	Number Street			Number Street		•		
				City State ZIP Code		-		
	City	State	ZIP Code		***************************************			<u></u>
Part 9	identify	Property	You Hold o	or Control for Someor	ie Else			
or h	nold in trust for No	someone.		omeone else owns? Incl	ude any property y	ou borrowed from, are	storing for,	
u	Yes. Fill in the	aetaiis.		Where is the property?		Describe the property	V.	alue
	Owner's Name						\$,	
	Number Street			Number Street			ALORE VOICE	
	City	State	ZIP Code	City	State ZIP Code			
Part 1	_			nental information		£		
≡ Env	ardous or toxic	means an	y federal, stat es, wastes, or	nitions apply: te, or local statute or reg material into the air, lan ng the cleanup of these s	d, soil, surface wa	iter, groundwater, or ot		
				ty as defined under any it, including disposal sit		, whether you now owr	ո, operate, or	
				vironmental law defines contaminant, or similar t		aste, hazardous substa	nce, toxic	
Report	all notices, rel	eases, and	proceedings	that you know about, re	gardless of when	they occurred.		
24. Has	any governme	ntal unit n	otified you tha	at you may be liable or po	otentially liable un	der or in violation of an	environmental law	?
	No Yes. Fill in the	details.						
				Governmental unit	Environ	mental law, if you know it	Dat	e of notice
	Name of site			Governmental unit				

City

State ZIP Code

City

State

ZIP Code

ROSEMARIE ABUNAGA
First Name Middle Name Last Name

N	Α	IN	IG
---	---	----	----

Case number (if known)

	•	
	e you notified any governmental unit of	f any release of hazardous material?
"	Yes. Fill in the details.	Governmental unit Environmental law, if you know it Date of notice
		Governmental unit Environmental law, if you know it Date of notice
	Name of site	Governmental unit
	Number Street	Number Street
		City State ZIP Code
	City State ZIP Code	
_		ministrative proceeding under any environmental law? Include settlements and orders.
	No Yes. Fill in the details.	
	105. I III III UIC UCIAIIS.	Court or agency Nature of the case Status of the
		case
1	Case title	Court Name
		Court Name On appeal
•		Number Street Concluded
•	Case number	City State ZIP Code
Dowl	1 Chro Botalla Abant Vanna	singer of Compactions to Amy Business
Part 1		siness or Connections to Any Business otcy, did you own a business or have any of the following connections to any business?
		in a trade, profession, or other activity, either full-time or part-time
	A member of a limited liability compared in a liability compared in	pany (LLC) or limited liability partnership (LLP)
	A partner in a partnership	
	An officer, director, or managing ex	
_		ng or equity securities of a corporation
	No. None of the above applies. Go to P	
U	Yes. Check all that apply above and fill	I in the details below for each business. Describe the nature of the business Employer Identification number
		Do not include Social Security number or ITIN.
	Business Name	
	Number Street	EIN:
		Name of accountant or bookkeeper Dates business existed
		·
	City State 710 Co. 1-	From To
,	City State ZIP Code	Describe the nature of the business Employer Identification number
	Business Name	Do not include Social Security number or ITIN.
		EIN:
	Number Street	
		Name of accountant or bookkeeper Dates business existed
		From To
	City State ZIP Code	FIOIII TO

_		
υe	btor	1

ROSEMARIE ABUNAGA
First Name Middle Name Last N

NAING

Case number (if know

	Describe the nature of the business		r identification number nclude Social Security num	ber or ITIN.
Business Name	-	EIN:	_	
Number Street	Name of accountant or bookkeeper	_	isiness existed	The second secon
	-			
City State ZIP Code		From	То	·
28. Within 2 years before you filed for bankruinstitutions, creditors, or other parties.	ptcy, did you give a financial stater	nent to anyone about your	business? Include all f	inancial
□ No				
Yes. Fill in the details below.	er elser han erkonningen som han med med en er stille en sistem en state som han state som han er			
	Date issued			
Name	MM / DD / YYYY			
Number Street	-			
	- .			
City State ZIP Code	-			
Part 12: Sign Below				
I have read the answers on this Statemer answers are true and correct. I understal in connection with a bankruptcy case ca 18 U.S.C. §§ 152, 1341, 1519, and 3571.	nd that making a false statement, o	oncealing property, or obt	aining money or proper	
in . A				
* Rosenia A. A	any *		******	
Signature of Debtor 1	Signature of Debt	or 2		
Date 01152020	Date			
Did you attach additional pages to Your	Statement of Financial Affairs for I	ndividuals Filing for Bankr	uptcy (Official Form 10	7)?
☑ No ☐ Yes				
Did you pay or agree to pay someone wh	no is not an attorney to help you fil	out bankruptcy forms?		
No ✓ Yes. Name of person Katharine T.V.	.Ah Loy, fka Atchley	Attach the Bar	nkruptcy Petition Prepare	r's Notice.
Too. Haine of person			nd Signature (Official Fo	
		<u></u>		

		A NAING
3	Middle Name	Last Name
•	Middle Name	Last Name
cy Court for the	e:	District of HI (State)
		(,
•	MARIE e cocy Court for the	e Middle Name

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

identify the creditor and the property that is col	ateral What do you intend to do with the property that secures a debt?	Did you claim the propert as exempt on Schedule C
Creditor's	☐ Surrender the property.	☐ No
name: BANK OF HAWAII	Retain the property and redeem it.	☑ Yes
Description of property securing debt: 2017 TOYOTA RAV 4	Retain the property and enter into a Reaffirmation Agreement.	
2017 10101A104 4	Retain the property and [explain]:	- -
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
securing debt.	Retain the property and [explain]:	-
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
socialing doba	Retain the property and [explain]:	- -
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
securing dept.	Retain the property and [explain]:	_

ROSEMARIE ABUNAGA NAING

First Name Middle Name

		_
Last	Nar	ne

Case number ((If known)	<u> </u>	

Part 2:	List Your	Unexpired	Personal	Property	Leases
· ait L.	mist I cal	Olicapiica	i Ci Sonai	opcJ	

□ No □ Yes
□ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes
☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes
No Yes No Yes
☐ Yes ☐ No ☐ Yes ☐ No
□ No □ Yes
☐ Yes☐ No
□ No
Yes
□ No
☐ Yes
□ No
Yes
of my estate that secures a debt and any
_

Filli	n this information to identify	your case:				ly as directed in this fo	orm and in
Debto	Pr 1 ROSEMARIE	ABUNAGA Middle Name	NAING Last Name	_	Form 122A-1Supp		
Debto	or 2			_ _	_	esumption of abuse.	
	ee, if filing) First Name d States Bankruptcy Court for the:	Middle Name District of Hawaii	Last Name		abuse applies	n to determine if a presi will be made under <i>Cha</i> alculation (Official Form	apter 7
Case (If knd	number 					est does not apply now lary service but it could a	
				[☐ Check if this is	an amended filing	
Offi	cial Form 122A—1	I					
Cha	apter 7 Statem	- ient of Your	Current M	onthly	Income		12/19
Pa 1.	What is your marital and filir Not married. Fill out Colum Married and your spouse Married and your spouse Living in the same h	ebts or because of quali- form 122A-1Supp) with the surrent Monthly Incom- ing status? Check one on impart A, lines 2-11. The is filing with you. Fill one is NOT filing with you. The is nousehold and are not lear are legally separated. Furly that you and your spourt for reasons that do not income that you receive \$ 101(10A). For example, your monthly income varied e any income amount mo	ifying military service, this form. e ly. ut both Columns A and You and your spouse egally separated. Fill of Fill out Column A, lines use are legally separate include evading the Mod from all sources, de if you are filing on Separate during the 6 months, are than once. For example, the service of the	B, lines 2-1 e are: out both Colu 2-11; do not ed under not eans Test re rived durin tember 15; add the inco- pie; if both a	and file Statement 1. Imms A and B, lines fill out Column B. E abankruptcy law the quirements. 11 U.S g the 6 full months the 6-month period me for all 6 months spouses own the sa	2-11. By checking this box, yout applies or that you and C. § 707(b)(7)(B). Seriore you file this would be March 1 through and divide the total by 8	u declare d your
2.	Your gross wages, salary, ti (before all payroll deductions)		and commissions	•	\$ <u>5,581.8</u> 2	non-filing spouse	
3.	Alimony and maintenance p Column B is filled in.		payments from a spou	se if	\$0.00	\$	
	All amounts from any source of you or your dependents, from an unmarried partner, me and roommates. Include regul filled in. Do not include payme Net income from operating a	including child support embers of your household lar contributions from a sp ents you listed on line 3.	. Include regular contrit d, your dependents, par	outions rents, is not	\$	\$	
discounting and a second	or farm Gross receipts (before all ded	•	\$ <u>0.00</u> \$				
	Ordinary and necessary opera	-	- \$ 0.00- \$	 Сору_	0.00		
6.	Net monthly income from a but Net income from rental and		Debtor 1 Debtor	here→	\$0.00	\$	
	Gross receipts (before all ded	uctions)	\$ <u>0.00</u> \$				
***************************************	Ordinary and necessary opera	•	- \$ <u>0.00</u> - \$	 Copy_		•	
_	Net monthly income from rent		\$ <u>0.00</u> \$	here →	\$ <u>0.0</u> 0	\$ \$	
7.	Interest, dividends, and roy	aities			\$ <u>0.0</u> 0	Φ	

De	htor	1

ROSEM	ARIE
First Name	Middle Name

ABUNAGA Last Name

NAING

Case number	(if known)			

			Column A Debtor 1	Column B Debtor 2 or non-filling spouse	
8.	Unemployment compensation		\$0.00	\$	
	Do not enter the amount if you contend that the amount reunder the Social Security Act. Instead, list it here:				
	For you	\$0.00			
	For your spouse	\$0.00			
9.	Pension or retirement income. Do not include any amount benefit under the Social Security Act. Also, except as state not include any compensation, pension, pay, annuity, or a United States Government in connection with a disability, disability, or death of a member of the uniformed services pay paid under chapter 61 of title 10, then include that pay does not exceed the amount of retired pay to which you we retired under any provision of title 10 other than chapter 6	ted in the next sentence, do allowance paid by the combat-related injury or s. If you received any retired y only to the extent that it would otherwise be entitled if	\$0.00	\$	
10.	Income from all other sources not listed above. Specif Do not include any benefits received under the Social Sec as a victim of a war crime, a crime against humanity, or in terrorism; or compensation, pension, pay, annuity, or allow States Government in connection with a disability, comba death of a member of the uniformed services. If necessar separate page and put the total below.	curity Act; payments received nternational or domestic wance paid by the United nt-related injury or disability, or			
			\$0.00	\$	
			\$0.00	\$	
	Total amounts from separate pages, if any.		+ \$0.00	+\$	
11.	Calculate your total current monthly income. Add lines column. Then add the total for Column A to the total for C		\$_5,581.82 +	\$	5,581.82 Total current monthly income
Pa	11 2: Determine Whether the Means Test App	lies to You			
12.	Calculate your current monthly income for the year. F	follow these steps:			
	12a. Copy your total current monthly income from line 1	1	_	v line 44 hore	F F04 00
ĺ.		1	Сор	y interinere 2	\$ 5,581.82
	Multiply by 12 (the number of months in a year).	1	Сор	y line 11 here 2	\$ 5,581.82 x 12
	Multiply by 12 (the number of months in a year). 12b. The result is your annual income for this part of the		Сор	12b.	
13.		form.	Сор	1	x 12
13.	12b. The result is your annual income for this part of the	form.	Сор	1	x 12
13.	12b. The result is your annual income for this part of the Calculate the median family income that applies to yo	ou. Follow these steps:	Сор	1	x 12 \$ <u>66,981.84</u>
13.	12b. The result is your annual income for this part of the Calculate the median family income that applies to yo Fill in the state in which you live.	ou. Follow these steps: HI household		12b.	x 12
	Calculate the median family income that applies to your fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of To find a list of applicable median income amounts, go or	ou. Follow these steps: HI household		12b.	x 12 \$ <u>66,981.84</u>
	Calculate the median family income that applies to your fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of To find a list of applicable median income amounts, go or instructions for this form. This list may also be available as	a form. Du. Follow these steps: HI 3 household	the separate	12b.	x 12 \$ <u>66,981.84</u>

Debtor 1	Det	otor	1
----------	-----	------	---

NAING

Case number (if kn

Part	3:

Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Signature of Debtor 2

Date 61 15 2020

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case: $_{_{\mathcal{F}}}$				
Debtor 1	ROSEMARIE	ABUNAGA	NAING	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court - District of Hawaii				
Case number (If known)				

Local Form H1007-2d (12/15)

Debtor's Verification of Creditor List

The undersigned debtor certifies under penalty of perjury that all entities included or to be included in schedules D, E/F, G, and H have been listed in the creditor list submitted with this verification. This includes all my creditors, parties to leases and executory contracts, and codebtors.

I also certify that the names and addresses of the listed entities are true and correct to the best of my knowledge.

I understand that I must file an amended creditor list and pay an amendment fee if there are creditors or parties listed in my schedules who have not been included in this list.

1st Rosanie A, Naura	/s/	
Dated: 01152020	Dated:	

NAING MATRIX

ALOHA PACIFIC FCU 832 S. HOTEL STREET HONOLULU HI. 9681

AMERICAN SAVINGS BANK P O BOX 2300 HONOLULU, HI. 96804

BANK OF HAWAII P O BOX 2900 HONOLULU, HI. 96846

BANK OF HAWAII P O BOX 2715 HONOLULU, HI. 96803

BARCLAYS BANK P O BOX 60517 CITY OF INDUSTRY, CA. 91716

BOLUSAN, RJ 2097 HEWAHEWA DRIVE WAILUKU, HI. 96793

CITICARDS P O BOX 78019 PHOENIX, AZ 85062 FIRST HAWAIIAN BANK P O BOX 3200 HONOLULU, HI. 96847

MACY'S P O BOX 9001108 LOUISVILLE, KY. 40290

SEARS/CITIBANK P O BOX 78024 PHOENIX, AZ. 85062

TARGET
P O BOX 673
MINNEAPOLIS, MN 55440

United States Bankruptcy Court

		District Of HAWAII	
In re R	OSEMARIE ABUNAGA NA	ING	Case No
	Debtor		Chapter 7
[Mus	DISCLOSURE OF COMPEN t be filed with the petition if a bankr	SATION OF BANKRUPTCY PE uptcy petition preparer prepares the	
1.	attorney, that I prepared or caused debtor(s) in connection with this ba	to be prepared one or more docur inkruptcy case, and that compensation, or agreed to be paid to me, for	n not an attorney or employee of an nents for filing by the above-named on paid to me within one year before services rendered on behalf of the e is as follows:
For docu	ument preparation services I have ag	reed to accept	\$ <u>208.00</u>
Prior to	the filing of this statement I have rec	ceived	\$ <u>208.00</u>
	Due		<u>\$</u> 0
2.	I have prepared or caused to be prepared to be prep	pared the following documents (iten	nize):
and prov	vided the following services (itemize):	
3.	The source of the compensation par	id to me was:	
	Debtor	Other (specify)	
4.	The source of compensation to be p Debtor	oaid to me is: Other (specify)	
5.	The foregoing is a complete statem of the petition filed by the debtor(s)		nt for payment to me for preparation
6.	To my knowledge no other person this bankruptcy case except as liste		ocument for filing in connection with
NAME		SOCIAL SECURITY NUMBER	
Kat	harme Walde	559-96-5599	01/15/2020
	Signature	Social Security number of bankrup	otcy Date
KATH	ARINE T. V. AH LOY, fka ATO	CHLEY POBOX 2730, WAII	UKU, HI. 96793
Printed	name and title, if any, of otcy Petition Preparer	Address	

^{*} If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer. (Required by 11 U.S.C. § 110).

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

otor 1	ROSEMARIE	ABUNAGA	NAING
	First Name	Middle Name	Last Name
tor 2 use, if filing)	First Name	Middle Name	Last Name
ed States I	Bankruptcy Court for the: _		District of H
e number		,	Chapter 7

Bankruptcy Petition Preparer's Notice, Declaration, and Signature

12/15

Bankruptcy petition preparers as defined in 11 U.S.C. § 110 must fill out this form every time they help prepare documents that are filed in the case. If more than one bankruptcy petition preparer helps with the documents, each must sign in Part 3. A bankruptcy petition preparer who does not comply with the provisions of title 11 of the United States Code and the Federal Rules of Bankruptcy Procedure may be fined, imprisoned, or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Part 1:

Notice to Debtor

Bankruptcy petition preparers must give the debtor a copy of this form and have the debtor sign it before they prepare any documents for filing or accept any compensation. A signed copy of this form must be filed with any document prepared.

Bankruptcy petition preparers are not attorneys and may not practice law or give you legal advice, including the following:

- whether to file a petition under the Bankruptcy Code (11 U.S.C. § 101 et seq.);
- whether filing a case under chapter 7, 11, 12, or 13 is appropriate;
- whether your debts will be eliminated or discharged in a case under the Bankruptcy Code;
- whether you will be able to keep your home, car, or other property after filing a case under the Bankruptcy Code;
- what tax consequences may arise because a case is filed under the Bankruptcy Code;
- whether any tax claims may be discharged;
- whether you may or should promise to repay debts to a creditor or enter into a reaffirmation agreement;
- how to characterize the nature of your interests in property or your debts; or
- what procedures and rights apply in a bankruptcy case.

	The bankruptcy petition preparer Katharine T. V. Ah Loy, fka Atchley Name	has notified me of
	any maximum allowable fee before preparing any document for filing or accepting any fee	
X	Roseward A. Warry Signature of Debtor 1 acknowledging receipt of this viotice	Date 01 15 2020
X	Signature of Debtor 2 acknowledging receipt of this notice	DateMM / DD / YYYY

ROSEMARIE A.

NAING

irst Name Middle Na

ast Name

Case number (if known)_

Part 2:

Declaration and Signature of the Bankruptcy Petition Preparer

ruptcy petition preparer;
e to Debtor by Bankruptcy Petition
vices that bankruptcy petition v document for filing or before
Chapter 11 Statement of Your Current Month ncome (Form 122B)
Chapter 11 Statement of Your Current Month
·
Chapter 13 Statement of Your Current Month acome and Calculation of Commitment Perion
Form 122C-1)
Chapter 13 Calculation of Your Disposable
ncome (Form 122C-2) Application to Pay Filing Fee in Installments
Form 103A)
application to Have Chapter 7 Filing Fee
Vaived (Form 103B)
list of names and addresses of all creditors creditor or mailing matrix)
Other
Date Date MM / DD / YYYY
ho